

**Instructions for Completing Influenza/Pneumococcal Immunization Data Report
(form DOH-4193)**

For this report the following definitions apply:

Resident: Any person residing in a long term care facility, adult home or adult enriched housing facility

Registrant: Any person enrolled in an adult day health care program

Employee: Any person employed (whether directly, by contract with another entity, or as an independent contractor) by a facility, on a part-time or full-time basis

Influenza Vaccination season: September 1 – March 31

Entire Reporting period: April 1 – March 31

Influenza Immunization Data

Total number during influenza vaccination season –

- The total number of residents/registrants in the facility/program at any time during influenza vaccination season, defined as September 1 to March 31.
- The total number of employees who worked in the facility at any time during influenza vaccination season, defined as September 1 to March 31.

Number who received influenza vaccine –

- The total number of residents/registrants in the facility/program at any time during September 1 to March 31 who received influenza vaccine. Include those who received vaccine at other locations (e.g., private physician's office, clinic, etc.).
- The total number of employees who worked in the facility at any time during September 1 to March 31 who received influenza vaccine. Include those who received vaccine at other locations (e.g., private physician's office, clinic, etc.).

Number who did not receive influenza vaccine -

- The total number of residents/registrants in the facility/program at any time during September 1 to March 31 who did not receive influenza vaccine (e.g., due to refusal or medical contraindication).
- The total number of employees who worked in the facility at any time during September 1 to March 31 who did not receive influenza vaccine (e.g., due to refusal or medical contraindication).

Pneumococcal Immunization Data

Total number during entire reporting period -

- The total number of residents/registrants who were in the facility at any time during the whole reporting year, April 1 to March 31.

Number identified as recommended to receive pneumococcal vaccine -

- The total number of residents/registrants who were in the facility at any time during April 1 to March 31 who were identified as recommended to receive pneumococcal vaccine according to ACIP recommendations:

- Persons aged = 65 years
- Persons aged 2-64 years with chronic cardiovascular disease, liver or pulmonary disease, diabetes mellitus, or functional or anatomic asplenia
- Persons aged 2-64 years living in special environments or social settings (e.g., Alaskan Natives, American Indians)
- Immunocompromised persons aged = 2 years
- Vaccine is contraindicated for those with a history of allergy to the vaccine or its components or those with moderate or severe illness.

Full details are accessible at the NYSDOH website link listed on form DOH-4193.

Number who received the vaccine prior to the current reporting period -

- The total number of residents/registrants who were in the facility/program at any time during April 1 to March 31 who were recommended to receive pneumococcal vaccine who received the vaccine prior to this reporting period (prior to April 1; e.g., the person may have received vaccination last year). Include those who received the vaccine at locations other than the facility (e.g., private physician's office).

Number who received the vaccine during the current period -

- The total number of residents/registrants who were in the facility/program at any time during April 1 to March 31 who were recommended to receive pneumococcal vaccine who received the vaccine during April 1 to March 31. Include those who received the vaccine at locations other than the facility (e.g., private physician's office).

Number who have never received the vaccine -

- The total number of residents/registrants who were in the facility/program at any time during April 1 to March 31 who were recommended to receive pneumococcal vaccine who have never received the vaccine (e.g., due to refusal or medical contraindication).